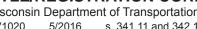
## TITLE/REGISTRATION CORRECTION REQUEST Wisconsin Department of Transportation MV1020 5/2016 s. 341.11 and 342.10 Wis.Stat.





## To receive a corrected Certificate of Vehicle Registration, vehicle title, and/or Confirmation of Ownership complete all applicable sections

Vehicle Year	Vehicle Make	Vehicle Body Style	DOC ID (In	ternal Use)
License Plate Number  License Plate Number  1 2 3 4 5 6 7 8  wner(s)/Lessee Name (Last, First, MI)		Vehicle Identification Number  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  Telephone Number		
wher(3)/203300 Name (2ast	, 1 113t, 1411 <i>)</i>		relephone	rvamber
ddress		City	State	Zip Code
elect the correction y	ou are requesting and provide	description below		
And/Or Conjunction	on - send current title (or Confirma	ation of Ownership) and all sig	natures	
Owner name(s) are	e incorrect - send current title (or	Confirmation of Ownership)		
Lien - send curren	t title, lien release and loan filing f	fee if applicable		
License plates - i.e	e. plate number received does no	match registration, wrong pla	te transferred,	etc.
Registration - i.e. v	wrong lessee name, missing lesse	ee or driver, etc.		
Odometer listed is	incorrect - be specific if reading of	or status or both		
Vehicle identification	on number (VIN) - number on title	e/registration does not match	vehicle, wrong	digit, etc.
Other - i.e. color (a	attach additional pages if more sp	ace is needed)		
escription of error:				
		X		
(Owner Signature)	(Date)	(Owner Signature)		(Date)
complete the correcti	or other documents are needed on requested and you prefer to be a letter through the mail, please ess below:	Send form along with the Registration, title and/or C Wisconsin Departme Research & Informat	Confirmation or ent of Transpo	f Ownership to:
mail Address		P.O. Box 8070 Madison, WI 53708-8	070	